

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3		(1)					53	
4							54	
5							55	
6	/		/				56	
7							57	
8		(1)					58	
9		(1)					59	
10	/		/				60	
11							61	
12	/		/				62	
13	/		/				63	
14	/		/				64	
15	/		/				65	
16	/		/				66	
17	/		/				67	
18	/		/				68	
19							69	
20	/		/				70	
21	/		/				71	
22							72	
23							73	
24							74	
25		(1)					75	
26		(1)					76	
27	/		/				77	
28							78	
29							79	
30							80	
31							81	
32	/		/				82	
33							83	
34	/		/				84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			14				TOTAL IND.	
TOTAL DEP.			21				TOTAL DEP.	
TOTAL CLAIMS			35				TOTAL CLAIMS	